

To: Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

22856 U.S. PTO
10/806939

**NEW APPLICATION TRANSMITTAL**

Sir:

Transmitted herewith for filing is a Continuation patent application:

Inventor: Kenneth Khaw**Residence:** Plainsboro, New Jersey**Title:** EXITABLE LUMEN GUIDE WIRE SHEATH AND METHOD OF USE**I. PAPERS ENCLOSED HERewith FOR FILING UNDER 37 CFR § 1.53(b):**

- 20 Page(s) of Written Description
- 1 Page(s) Claims
- 1 Page(s) Abstract
- 4 Sheets of Formal Drawings

II. ADDITIONAL PAPERS ENCLOSED IN CONNECTION WITH THIS FILING:

- ☒ A copy of the Declaration filed in Parent Application Serial No. 10/072,276
- ☐ Power of Attorney by Assignee
- ☐ Assignment
- ☐ Certified Copy of Priority Document No(s): _____
- ☐ Information Disclosure Statement w/PTO 1449 ☐ Copy of Citations
- ☐ Preliminary Amendment
- ☐ Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35
- ☒ Return Postcard

[CONTINUED ON NEXT PAGE]

Certificate of Mailing

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Label No.: EL 994146899 USName of Person Mailing Paper: Debbie GilbertDate of Deposit: March 23, 2004 Signature of Person Mailing Paper: Debbie Gilbert

III. THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:☒ Applicant claims small entity status pursuant to 37 CFR § 1.27

BASIC FILING FEE:								\$770.00
Total Claims	1	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	1	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$280	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$770.00
Reduction by ½ for Filing by Small Entity, if applicable, as asserted above. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input checked="" type="checkbox"/> \$385.00
TOTAL FEES DUE HEREWITH								\$385.00

IV. METHOD OF PAYMENT OF FEES

- ☐ A check in the amount of _____ is enclosed.
- ☐ Charge Perkins Coie's Deposit Account No. **50-2586** in the amount of _____.
- ☒ This application is being filed without fee under 37 CFR § 1.53.

V. AUTHORIZATION TO CHARGE FEES

The Commissioner is authorized to credit any overpayment and to charge any underpayment to Perkins Coie's Deposit Account No. **50-2586** for the following:

- ☐ 37 CFR § 1.16 – (Filing fees and excess claims fees)
- ☐ 37 CFR § 1.17 – (Any application processing fees)
- ☐ 37 CFR § 1.21 – (Assignment recording fees)

VI. CORRESPONDENCE ADDRESS

Please send all correspondence to Customer Number 34055:

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Seattle, WA 98111-1208
Local Phone: (310) 788-9900
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Please direct all inquiries to David P. Devlin at the above customer number.

Respectfully submitted,

PERKINS COIE LLP

Dated: MARCH 19

By: 

David P. Devlin, Reg. No. 55,876